

HEALTH CERTIFICATE

CERTIFICATE OF EXAMINATION

Name: .....Niche...Vittoriosa..... Bom: 01.. / ..05.... / .2024.....

Passaport nr. .....170431.....

Coat color: ...Grey..... Sex: ...female .....Microchip n.: .....380271004090021.....

Father: .....Casall.....

Mother: .....Ottentotta del Terriccio .....Microchip of the mother n.:982009106668683.....

Localisation of the horse: .....Fia Fabretti 24 Cotignola (Ra).....

* * *

- General state of the horse: .....GOOD .....
- Cardiovascular examination: ...NO ABNORMAL FINDINGS .....
- Vision tests and eyes examination: .....NO ABNORMAL FINDINGS .....
- Respiratory examination: .....NO ABNORMAL FINDINGS .....
- Vision tests and eyes examination: .....NO ABNORMAL FINDINGS .....
- Possible limbs default: .....NO ABNORMAL FINDINGS .....
- Potential abnormality in the musculoskeletal system (in particular the presence of joint distension): .....NO ABNORMALITY .....
- Abdominal hernia detected: NO
- Signs of infectious disease detected: NO

* * *

I, the undersigned Dr. .....VALENTINA BALANDI ....., certify having examined the foal above ad am the usual veterinarian of his breeder.

In ..... RAVENNA ..... , ... 02.... / ... 09 .... /2025 Stamp and signature

Dott.ssa Valentina Balandi
Iscr.albo 1937/BO
Via Riva di Reno 60, 40122 Bologna
P.Iva 03683541209 C.F. BLNVNT89L54A944P
Tel +39 3484615080